



Client No. 2036	Client Name Do Ho materials	Location 1002 Oswego St Utica	Date 6/2/87
Facility Equipment 1	Detach Clock 1	Weapon No. 1	Holster 1
Nightstick 1	Raincoat 1	Flashlight 1	Other Gate & Trailer Keys
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) ofc Del Vecchio	Officer—Swing Shift (Name) ofc Dealings
Officer—Grave Shift (Name) Dick Kokoszki			
Shift Began 8 AM PM Ended 4 AM PM		Shift Began 4 AM PM Ended 12 AM PM	
Shift Began 12 AM PM Ended 8 AM PM			
Observations or actions taken	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>	
Injury hazards		<input checked="" type="checkbox"/>	AS required
Visitors	<input checked="" type="checkbox"/>		EPA, OHM, TAT
Trespassing	<input checked="" type="checkbox"/>		
Violation of company rules	<input checked="" type="checkbox"/>		
Remarks			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.			
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No
Signatures	Day Shift Kevin Del Vecchio	Swing Shift Robert Dealings	Grave Shift Dick Kokoszki
Signatures	2	2	2
Signatures	3	3	3

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